

EP 12 1941 399

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **General Hospital #2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5-22-41-8-11-41**
 (Specify whether years, months or days) **25 years 0**

3. (a) PRINT

FULL NAME **ETHEL HILL**

3. (b). If veteran,

name war

3. (c) Social Security,

No. **---**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Separated**
 (b) Name of husband or wife **Sister Mable Linsville** (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **John January 23 1901**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 6 19 hr. min.

9. Birthplace **Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER { 12. Name **Ed Robinson**
 13. Birthplace **Kansas**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Deceased**
 15. Birthplace **Kansas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
 (b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **5-21-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Blue Ridge Cemetery**

18. (a) Signature of funeral director **Brody - Brown**

(b) Address **730 1/2 N. 2nd St. Brown**

19. (a) **7/20/41** (b) **Dr. H. Brown**
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2304 1/2 East 23rd Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th**
 year **1941** hour **3** minute **30** p.m.

21. I hereby certify that I attended the deceased from **5-22-41** to **8-11-41**
 that I last saw her alive on **August 11** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Post-operative anesthesian shock with acute pulmonary ekema**
 Due to **Etherization**

Due to **---**

Other conditions **---**
 (Include pregnancy within 3 months of death)

Major findings: **Anastomosis of the tibial nerve**
 Of operations **---**
 Of autopsy **---**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**
 (b) Date of occurrence **May 9 1941**
 (c) Where did injury occur? **---** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **---** (Specify type of place) Means of injury **Stabbed**

23. Signature **Dr. H. Brown** (M. D. or other) **---**
 Address **730 1/2 N. 2nd St.** Date signed **8/12/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

R. J. Harris, Sr.

Licensed Embalmer No. *3388*

P. O. Address *K. E. MD.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27489
Registrar's No. 3147

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Ethel Hill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced div

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death anastomosis of the tibial nerve
acute pulmonary edema
Due to etherization

Due to 167
Other conditions (Include pregnancy within 3 months of death)

Major findings: anastomosis of the tibial nerve
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 9, 1941
(c) Where did injury occur? at home (City or town) Jackson (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? At home in a fight
While at work? (Specify type of place) Means of injury stabbed

23. Signature [Signature] (M.D. or other)
Address Box #2 600 E. 12th Date signed 10-6-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

Gen. Hospital #2

